

Case Number:	CM14-0089386		
Date Assigned:	07/23/2014	Date of Injury:	08/16/2011
Decision Date:	10/10/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52 years old female with an injury date on 08/16/2011. Based on the 05/16/2014 progress report provided by [REDACTED], the diagnoses are: 1.Cervical pain 2.Possible post concussion syndrome According to this report, the patient complains of pain across the neck and the shoulder area. The patient also feels weakness in the left side of her face and when she bends forward her lips tend to go numb." Exam findings of the cervical spine and shoulder were normal. There were no other significant findings noted on this report. The utilization review denied the request on 06/02/2014. [REDACTED] is the requesting provider, and he provided treatment report date 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

(8) sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98,99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: According to the 05/16/2014 report by [REDACTED] this patient presents with pain across the neck and the shoulder area. The treating physician is requesting 8 physical therapy sessions. The utilization review denial letter states "The patient has completed 9 recent physical therapy session." Time-frame for therapy sessions is unknown. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms but the patient appears to have recently had a course of therapy. The treating physician does not explain why additional therapy is needed. There are no new injuries, no recent decline in the patient's function. Given the above the request is not medically necessary.